

N. B.— If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 119
Registered No. 47

1. PLACE OF BIRTH,

County Gila State Arizona
District or Township _____
City Miami or Village _____
No. 603 Gibson

2. Full name of child Juana Ramos

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Feb 5 1929
Month Day Year

8. FATHER
Full name Antonio Ramos

9. Residence 603 Gibson St
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) El Paso Texas
(State or country)

13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Dora Apodaca

15. Residence 603 Gibson St
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Acuncion
(State or country) Chihuahua Mex.

19. Occupation Housewife
Nature of industry

20. Number of children of this mother. (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6:15 A.M. on the date above stated.
(Born alive or stillborn)

Signature Rosa Cortez
(Physician or midwife).

Given name added from a supplemental report. Address 806 Sullivan St
Month, day, year

Filed Feb 11 1929 C. E. Dring
Registrar.

116-265-411